

57416

CALIFORNIA HAZARDOUS WASTE MANIFEST

See reverse side for Instructions.
Please type or print clearly. Press Hard.

State Department of Health Services
HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P Street, Sacramento, CA 95814

① Manifest Number 015-001598

GENERATOR (Generator Must Complete)		③ Designated TSD Facility (Authorized to operate under an approved state program or federal program)		④ Alternate TSD Facility SFUND RECORDS CTR 999000944	
ALUMINUM CO. OF AMERICA- VERNON WORKS		Name OPERATING INDUSTRIES, INC.		Name CHEMICAL WASTE MANAGEMENT INC.	
② Name		EPA NO. CAD074126681		EPA NO. CAT000646117	
Address 5151 ALCOA AVE. Phone No. 588-6141		Address 900 N. POTRERO GRANDE DR.		Address P.O. BOX 1104 430 W. ELM AVE.	
City, State, Zip VERNON, CA 90058		City, State, Zip MONTEREY PARK, CA.		City, State, Zip COALINGA, CA. 93210	

⑤ U.S. DOT PROPER SHIPPING NAME	U.S. DOT HAZARD CLASS	UN/NA ID NO.	WEIGHT OR VOLUME	UNITS	CONTAINERS NUMBER:
WASTE					TYPE: <input type="checkbox"/> DRUMS <input type="checkbox"/> BAGS <input type="checkbox"/> CARTONS
WASTE					<input type="checkbox"/> TANK TRUCK <input type="checkbox"/> DUMP TRUCK
					<input type="checkbox"/> OTHER
⑥ WASTE CATEGORY #7 ⑦ EX. HAZ. WASTE PERMIT NO. ⑧ GENERATING PROCESS ALUMINUM FABRICATION					
LIST COMPONENTS: CONC. UPPER RANGE LOWER UNITS CONC. UPPER RANGE LOWER UNITS					
⑨ A. _____ <input type="checkbox"/> % <input type="checkbox"/> ppm. E. _____ <input type="checkbox"/> % <input type="checkbox"/> ppm.					
B. _____ <input type="checkbox"/> % <input type="checkbox"/> ppm. F. _____ <input type="checkbox"/> % <input type="checkbox"/> ppm.					
C. _____ <input type="checkbox"/> % <input type="checkbox"/> ppm. G. _____ <input type="checkbox"/> % <input type="checkbox"/> ppm.					
D. _____ <input type="checkbox"/> % <input type="checkbox"/> ppm. Non Hazardous Material 100% %					
⑩ WASTE PROPERTIES: pH 7 <input type="checkbox"/> Toxic <input type="checkbox"/> Flammable <input type="checkbox"/> Corrosive/Irritant <input type="checkbox"/> Reactive <input type="checkbox"/> Sensitizer <input type="checkbox"/> Carcinogen/Mutagen					
⑪ PHYSICAL STATE: <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input checked="" type="checkbox"/> Sludge <input type="checkbox"/> Slurry <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Other ALUMINUM OXIDES & WATER					
⑫ SPECIAL HANDLING INSTRUCTIONS: <input type="checkbox"/> Gloves <input type="checkbox"/> Goggles <input type="checkbox"/> Respirator <input type="checkbox"/> Other					

GENERATOR CERTIFICATION: This is to certify that the above named materials are properly classified, described, packaged, marked, labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and EPA.

IN THE EVENT OF A SPILL, CONTACT THE NATIONAL RESPONSE CENTER, U.S. COAST GUARD 1-800-424-8802

⑬

Signature of Authorized Agent and Title

Date Shipped 10-9-81

TRANSPORTER (HAULER MUST COMPLETE)
⑭ NAME ASBURY OIL CO.
EPA NO. CAD028277036
ADDRESS 13419 Halldale Avenue PHONE NO. (213) 321-1392
CITY, STATE, ZIP Gardena, California 90249

⑮ PICK-UP DATE 10-9-81

TIME _____ ☐ AM ☐ PM

⑯

Signature of Authorized Agent and Title

Date 10-9-81

TSD FACILITY (FACILITY-OPERATOR MUST COMPLETE)

⑰ NAME OPERATING IND. INC.	⑱ QUANTITY (If Measured) 100 BBL
EPA NO. CAT080012024	⑲ STATE FEE (If Any)
PHONE NO.	

⑳ HANDLING OR DISPOSAL METHOD:

- ☐ Surface Impoundment ☒ Landfill
☐ Injection Well ☐ Land Treatment
☐ Treatment (Specify)
☐ Recovery or Reuse ☐ Storage/Transfer

㉑ INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT:

IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY:

㉒ NAME
EPA NO.

㉓

Signature of Authorized Agent and Title

Date Accepted 10-9-81

ORIGINAL